							•
• •				٠.			
		· ·				•	
• • • •	. •		; ·				
	,	CLAIMS	ONLY		Application Number	PL/ Filling Date	
. •		· CLAIMS	ONLT		Applicant(e)	/-/	
					* May be used for addition	nal claims or amendments	
	CLAIMS	AS FILED	AFTER FIRST AMENDMENT	AFTER SECOND · AMENDMENT			*/.
		Indep Depen	d Indep Depen	d Indep Depend	51	spend Indep Depen	d Indep Depend
•					52 53		
•					54 55		
					56 57 58		
•	10				59 60		
	12				61 62	,	
	13				63 64		
	16				65 66		
	17 18 38				67 68 69		
•	20 21				70 71		
	· 22 23				72		
	24 25				. 74 76		
	26 27				76		
	28 29 . 30				78 79 80		
	31 32 33		1		81 82		
	34				83 84		
	35 36				85 86		
	37 38 :				87 88 89		
	39 40 ·41				90		
•	42				92 93		
	44				94 95		
·	46				96 97		
•	48 49				98		
	50 Total : Indep			- 	100 Total Indep	\$	-
	Total Depend	104			Total Depend		4
1. " to	Total Claims	11			Total Claims		
i de la companya de l	Ciams	(- 					
•							
				•			
			•. •			•	
		• • •					
	•		•				